

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007487

STATE FILE NUMBER

AMENDED

Registration District No.

278

Primary Registration District No.

3054

Registrar's No.

41

FILED MAR 8 1962

1. PLACE OF DEATH

a. COUNTY

Pike

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN LouisianaLength of stay in 1b
6 hrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Pike County HospitalInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pikec. CITY
OR
TOWN LouisianaInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
700 MarylandReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Katherine

L

Smith

4. DATE
OF
DEATH

Month

Day

Year

Feb

25

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2/20/1878

9. AGE (last birthday)

84

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Housewife10b. KIND OF BUSINESS OR INDUSTRY
Home Making11. BIRTHPLACE (City and state or country)
Ralls County Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

I Abram Liter

13b. MOTHER'S MAIDEN NAME

Martha Barter

14. NAME OF HUSBAND OR WIFE

Alfred N Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Carsie Smith, Louisiana, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive Circulatory Failure

INTERVAL BETWEEN
ONSET AND DEATH
24 hrsConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Decompensated Hypertensive
Heart Disease

Unknown

DUE TO (c)

Advanced Arteriosclerosis

Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-25-62 to 2-25-62 and last saw her alive on 2-25-62
Death occurred at 7:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

2/28/1962

FairView Cemetery

Rte #2 Louisiana Mo.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Sterne Funeral Home, Louisiana, Mo.

Mar 5 62

Bernie Collier

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J.B. Stencil

Licensed Embalmer No. 4039

P. O. Address Louisiana

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.